

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011069

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 1561

FILED APR 2 1962

VS 300  
Rev. 4/59

1

2 358

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9 1551

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12 90-2

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Charles H. Smith

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 1561

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas CityLength of stay in 1b  
15 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 4212 CypressInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
4212 CypressReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Thomas M. Hunter4. DATE OF DEATH Month Day Year  
March 16, 19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
6/24/18929. AGE (last birthday)  
69IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Laborer10b. KIND OF BUSINESS OR INDUSTRY  
Foundry11. BIRTHPLACE (City and state or country)  
Salem, Missouri12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

William Hunter

## 13b. MOTHER'S MAIDEN NAME

Lilly Smullen

## 14. NAME OF HUSBAND OR WIFE

Carrie A. Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY NO.  
[REDACTED]17. INFORMANT Address  
Marguerite Deady 1845 E. 68th St18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia

INTERVAL BETWEEN  
ONSET AND DEATH  
2+ daysConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Biliary obstruction

4 1/2 + more

DUE TO (c)

Carcinoma of common bile duct 4 1/2 more

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-1-61 to 3-16-62 and last saw him alive on 3-16-62.  
Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Charles H. Smith M.D.

## 22b. ADDRESS

4130 N. Winn Rd. K.C. 17 Mo.

## 22c. DATE SIGNED

3-17-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial23b. DATE  
March 19, 196223c. NAME OF CEMETERY OR CREMATORY  
Green Lawn Cemetery23d. LOCATION (City, town, or county)  
Kansas City, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Earp &amp; Sons Mortuary Kansas City

## 25. DATE RECD. BY LOCAL REG.

3-19-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William H. Egan

Licensed Embalmer No. 4728

P. O. Address K. C. Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.